U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only				
READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.			
AUG 2 2 2005				
1. File Number U - 15015	2. Fiscal Year Covered From:			
	1/1/04 Through: 12/3/04			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name James R. Palmore	Name Parvitors Local 47			
	Labor Organization File Number 03963			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 3431 Raceway Rd	street 650/ Massache setts Ave			
city Indianapolis	city Indianapolis			
State [N ZIP Code + 4 46234]	State W ZIP Code + 4 46226			
5. Position in labor organization. Local Trustee an	ul Apprenticoship Instructor			
Enter appropriate data below If, during the past fiscal year, you or your spot (except as specified in the exclu	use or minor child directly or indifectly had any of the following interests sions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
1.5. 50%, Sidy, Noom No., It dily	7.b, Amount.			
Street [
City				
State ZIP Code + 4				
Signature				
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
O O				
Signed Bennes & Halmore	On 8/15/05 3(7 - 859 - 050 3 Date Telephone Number			
	Date Policy I Communication I			

Name of Person Filing JAMES R. PALMORE		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise	s	
8. Name and address of Business (including trade name, if any). Name Painters Lexal 47	9. Business deals with:		
Trade Name, if any:	a. Labor Organization		
P.O. Box, Bldg., Room No., if any Street 650/ Mass achusetts Ave	b. Trust		
city Indianapolis State IN ZIP Code + 4 462 Z.S			·
10. If 9.b. or 9.c, is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Local 47 Training Fund	Commun	Membership	o training
Trade Name, if any:	Transfer areas		
P.O. Box, Bldg., Room No., if any		·	
Street 650/ Massachusetts Aul	11.b. Approximate dollar valu	e of such dealing.	
city Indianapoles	12.a. Nature of interest held		
State [1] ZIP Code + 4 46276	Salary for training membership		
	12.b. Amount.		\$6854.00
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	agent to entire the control of the c	LA LANGUAGO CONTRACTOR AND
Name			
Trade Name, if any:			-
P.O. Box, Bldg., Room No., if any			
Street			1 / v
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	, [0

August 15, 2005

U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards 200 Constitution Avenue, NW, Room N-5616 Washington, DC 20210

RE: Form LM-30 (1/1/04 - 12/31/04)

To Whom It May Concern:

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. I am a first-time filer and was unaware of the filing requirements until recently; some items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended Form LM-30.

Sincerely yours,

James R. Palmore

Trustee for Painters Local 47 and

Painters Local 47 Training Fund Instructor

CERTIFIED MAIL # 7003 0500 0000 2781 7392